

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

JAN 16 1992

Non-Notification as Required by 40 CFR Part 302.6

Ross E. Powers, Chief  
Response Section 1, HS-GI

Gale Ginsburg  
Regional Counsel, CS-3T

Attached are the incident notification reports from Roadway Express Company. The facility reported that they had a release of 30 pounds of calcium hypochlorite, a hazardous substance. Calcium hypochlorite has a reportable quantity of 10 pounds. This report was received by the National Response Center 35 days after the actual spill.

Attachment

HS-GI:BOWLUS:tlc:1/16/92

US EPA RECORDS CENTER REGION 5



399023

CONCURRENCES

SYMBOL	HS-GI	HS-GI						
SURNAME	Bowler	Ginsburg						
DATE	1/16/92	1/16/92						

# REGION V INCIDENT NOTIFICATION REPORT

1. Case No.:

2. Reported: (mm/dd/yy) <u>1-13-92</u>		3. Time: <u>1636</u>		4. Recorded By: <u>BOWLES</u>	
5. <input checked="" type="checkbox"/> Through NRC		6. NRC Case No.: <u>102677</u>			
A. REPORTER	7. Reported By: <u>JAMES FAGAN</u>				
	8. Organization Name: <u>ROADWAY EXPRESS</u>				
	Organization: <input checked="" type="checkbox"/> 9. Discharger <input type="checkbox"/> 10. Public <input checked="" type="checkbox"/> 11. State <input type="checkbox"/> 12. Local <input type="checkbox"/> 13. Federal				
	14. Address: <u>2000 E LINCOLN HWY</u>				
	15. City: <u>MATROSPURD</u>		16. County:		17. State: <u>IL</u>
18. Zip: <u>60411</u>		19. Phone: <u>(708) 757 1608</u>			
B. DISCHARGER	20. <input checked="" type="checkbox"/> As Above in A if 9 applies <input type="checkbox"/> 21. Private Company <input type="checkbox"/> 22. Public <input type="checkbox"/> 23. Local <input type="checkbox"/> 24. State <input type="checkbox"/> 25. Federal				
	26. Discharger Name:				
	27. Address: <u>2040 MANNHEIM AVE</u>				
C. INCIDENT LOCATION	28. City: <u>MELROSE PARK</u>				
	29. County: <u>COOK</u>		30. State: <u>IL</u>		31. Zip:
	33. <input checked="" type="checkbox"/> As Above in B 34. Street or Approx. Location:				
D. DATE	35. City:				
	36. County:		37. State:		38. Zip:
	39. Spill Date: (mm/dd/yy) <u>DEC 10 1991</u>				
E. MATERIAL	40. Spill Time: <u>0300</u>				
	41. Material <input type="checkbox"/> Unknown <input type="checkbox"/> 42. Material Type: <input checked="" type="checkbox"/> H = Hazardous <input type="checkbox"/> X = Other <input type="checkbox"/> O = Oil <input type="checkbox"/> Material				
	43. Material Type (Name):				
	44. 45. 46. 47. 48. bbl. gal. oth 49. <input type="checkbox"/>				
	50. <u>Calcium Hypochlorite</u> 51. 52. 53. 54. <u>30</u> 55. bbl. gal. oth 56. <input checked="" type="checkbox"/>				
F. SOURCE	57. 58. 59. 60. 61. 62. bbl. gal. oth 63. <input type="checkbox"/>				
	Source of Spill: <input type="checkbox"/> 64. Highway <input type="checkbox"/> 65. Air Transport <input type="checkbox"/> 66. Railway <input type="checkbox"/> 67. Vessel <input type="checkbox"/> 68. Pipeline <input type="checkbox"/> 69. UST <input checked="" type="checkbox"/> 70. Fixed Facility <input type="checkbox"/> 71. Offshore <input type="checkbox"/> Unknown				
	73. Description: 72. Vehicle ID or Carrier No.:				
G. MED.	Medium Affected: <input type="checkbox"/> 74. Air <input checked="" type="checkbox"/> 75. Land <input type="checkbox"/> 76. Water <input type="checkbox"/> 77. Groundwater <input type="checkbox"/> 78. Within Facility Only				
	79. Waterway Affected:				
H. CAUSE	Reported Cause: <input type="checkbox"/> 80. Transportation Accident <input type="checkbox"/> 81. Equipment Failure <input type="checkbox"/> 82. Operational Error <input type="checkbox"/> 83. Natural Phenomenon <input type="checkbox"/> 84. Dumping <input type="checkbox"/> 85. Unknown				
	87. Description:				
I. DAMAGES	Damages: 88. No. of Injuries: 89. No. of Deaths: <input type="checkbox"/> 90. Property Damage > \$50,000				
	91. <input type="checkbox"/> Evacuation 92. Response Action Taken:				
J. ACTIONS	93. State/Local <input type="checkbox"/> 94. Discharger <input type="checkbox"/> 95. USCG <input type="checkbox"/> 96. Other <input checked="" type="checkbox"/> 97. Unknown				
	98. Agency Name:				
K. COMMENTS	99. Comments: <u>REPORTABLE QUANTITY FINAL RQ = 10 (4.54) # (K9)</u>				
	100. Comments: <u>SEE ATTACHED NRC REPORT</u>				
	101. Comments:				
	102. Additional Information:				
L. RESPONSE EVALUATION	Responding Agency: S = State L = Local D = Discharger F = Federal E = EPA O = Other U = Unknown				
	103. Agency Name:		106. Responding Agency Code: <input type="checkbox"/>		
	104. Agency Name:		107. Responding Agency Code: <input type="checkbox"/>		
	105. Agency Name:		108. Responding Agency Code: <input type="checkbox"/>		

INFORMATION SHOWN ON THIS FORM IS SUBJECT TO MINOR CHANGES.  
OFFICIAL NRC REPORTS ARE SENT TO VNTSC ON A DAILY BASIS.

From: National Response Center  
USCG HQ Washington, D.C.  
1-800-424-8802 FTS 267-2675

To: U.S. EPA V  
NRC Flash\*FAX Transmission for:  
Incident Report # 102827

INCIDENT DESCRIPTION

\*Report taken by MST3 Gentile at 16:22 on 13-JAN-92  
Incident Type: FIXED  
Incident Cause: EQUIPMENT FAILURE Affected Medium: LAND  
Affected Area: CONCRETE  
The incident occurred on 10-DEC-91 at 03:00 local time.

SOURCE/CAUSE OF INCIDENT

BOTTOM FELL OUT THE PLASTIC CONTAINER THAT WAS HOLDING THE MATERIAL

INCIDENT LOCATION

2040 MANNHEIM AVE  
MELROSE PARK, IL

County: COOK

RELEASED MATERIAL(S)

CHRIS Code: CHY CALCIUM HYPOCHLORITE  
Qty Released: 30.00 LBS(S) Qty in Water: .00 NON(S)

DAMAGE

Injuries: Fatalities: Evacuations: Damages:

REMEDIAL ACTIONS

AREA WAS ISOLATED AND MATERIAL WAS REPACKAGED

REPORTING PARTY

Name: JAMES FAGAN  
Job Title: DIST SAFETY MGR  
Organization: ROADWAY EXPRESS  
Address: 2000 E LINCOLN HWY  
CHICAGO HEIGHTS, IL 60411  
Day Phone: (708) 7571088  
Type of Organization: PRIVATE ENTERPRISE  
ROADWAY EXPRESS called for the responsible party.

SUSPECTED RESPONSIBLE PARTY

Name: JAMES FAGAN  
Job Title: DIST SAFETY MGR  
Organization: ROADWAY EXPRESS  
Address: 2000 E LINCOLN HWY  
CHICAGO HEIGHTS, IL 60411  
Day Phone: (708) 7571088  
Type of Organization: PRIVATE ENTERPRISE

NOTIFICATIONS BY CALLERNOTIFICATIONS BY NRC

U.S. EPA V

ADDITIONAL INFORMATION

\*\*\* END INCIDENT REPORT # 102827 \*\*\*